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ABSTRACT

This fact sheet addresses the issue of teenage pregnancy. Six factors contributing to the current attention focused on teenage pregnancy and parenthood are listed and teenage pregnancy and birth rates are discussed. Other areas covered include teenage nonuse of contraception, sex education by schools and parents, family planning services, and the need for comprehensive prevention programs. A short list of resource documents is included. (NRB)

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HIGHLIGHTS

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...An ERIC/CAPS Fact Sheet

Teenage Pregnancy

Introduction

Teenage parenthood is by no means a new social phenomenon. Historically, women have tended to begin their childbearing during their teens and early twenties. During the past two decades the U.S. teenage birthrate has actually declined (Polit et al., 1982). In the late 1950s, 90 out of 1000 women under 20 gave birth as compared with 52 out of 1000 in 1978.

Several factors contribute to the current attention focused on teenage pregnancy and parenthood.

1. There is currently a large number of young women in the 13 to 19 age range, so that while the birthrates are declining, the absolute number of teenagers is increasing.
2. These statistics do not distinguish between intentional and unintentional pregnancies, or pregnancies occurring in or out of wedlock. From the 1978 figures, only one in six pregnancies concluded as births following marriage, and eight in ten premarital teenage pregnancies were unintended.
3. The declining birthrate is not consistent for all teenagers: among those 14 or younger, the birthrate is increasing.
4. These trends are occurring at a time when contraceptives are increasingly available to teenagers as a means of avoiding unwanted pregnancy.
5. The evidence documenting the unfavorable consequences of unintended teenage pregnancy and teenage parenthood, whether intended or not, has continued to mount.
6. There is an unmistakable and dramatic trend away from teenagers giving their children up for adoption.

Thus, the magnitude of the problem, together with its perceived costs and avoidability, have combined to make teenage pregnancy and parenthood a national social issue.

Teenage Pregnancy Rate

Of the 29 million young people between the ages of 13 and 19, approximately 12 million have had sexual intercourse. Of this group, in 1981, more than 1.1 million became pregnant; three-quarters of these pregnancies were unintended, and 434,000 ended in abortion (*What Government Can Do*, 1984). The number of pregnancies increased among teenagers in all age groups during the 1970s, but among those who were sexually active the pregnancy rate has been declining. Because of increased and more consistent use of contraceptives by teenagers, the rate of pregnancy among them has been increasing more slowly than their rate of sexual activity. Although the number of teenagers who are sexually active increased by two-thirds over the 1970s, over half of U.S. teenagers are sexually inactive (*Teenage Pregnancy*, 1981).

Teenage Birthrate

About five percent of U.S. teenagers give birth each year. A recent study by the Alan Guttmacher Institute showed teen birthrates here to be twice as high as Canada, England and Wales, three times as high as Sweden, and seven times higher than the Netherlands.

Out of Wedlock Births. Although slowed because of the availability of legal abortion, the rise in the out-of-wedlock birthrate has continued among almost all groups of teenagers. The rise has been steepest among 15-17-year-old whites. The number of premaritally conceived births legitimated by marriage has been declining.

Adoption and Care by Others. Almost all unwed teenage mothers keep their children in the household with them. Ninety-six percent of unmarried teenage mothers — 90 percent of white and virtually all of black mothers — keep their children with them (although in many cases, grandparents or other relatives help take care of the baby).

Repeated Unintentional Pregnancies. As might be expected, 78 percent of births to teenagers are first births. However, 19 percent are second births, and four percent are third or higher order births. The sooner a teenager gives birth after initiation of intercourse, the more likely she is to have subsequent births while still in her teens.

Teenage Contraception

Reasons for Nonuse. Nearly two-thirds of unwed teenage women report that they never practice contraception or that they use a method inconsistently. According to the Guttmacher Institute (*Teenage Pregnancy*, 1981), only nine percent of unmarried teenagers surveyed said that they did not use a method of contraception because they were trying to become pregnant or were already intentionally pregnant. Forty-one percent thought they could not become pregnant, mainly because they believed, usually mistakenly, that it was the wrong time of the month.

Of those who had realized they could get pregnant, the major reason given for not using a method was that they had not expected to have intercourse. Of the 15 percent who did not practice contraception because they were pregnant, the overwhelming majority were pregnant unintentionally. About eight percent said that they had wanted to use a method but "couldn't under the circumstances," or that they did not know about contraception or where to get it.

Relationship to Pregnancy. The relationship between pregnancy and contraceptive use is dramatic: about 62 percent of sexually active teenagers who have never used a method have experienced a premarital pregnancy, compared to 30 percent of those who have used a method inconsistently, 14 percent of those who have always used some method (including withdrawal), and just seven percent of those who have always used a medically prescribed method (the pill, IUD or diaphragm).

In 1976, teenagers experienced about 780,000 premarital pregnancies. It has been estimated that if no contraceptives had been used, nearly 1.5 million such pregnancies would have occurred. If all sexually active teenagers who did not want a baby had used the most effective, medically prescribed methods of contraception, the number of premarital pregnancies would have been reduced much more.

The Health Belief Model. Meanwhile, many teenagers remain nonusers or inconsistent users of contraceptives. Reasons for this vary widely, from lack of knowledge or access to psychological factors, such as inability to accept themselves as sexual, lack of planfulness, egocentric thinking, or the influence of religious beliefs and values. Current research has examined the Health Belief Model (Zellman, 1984), a value-expectancy approach to explaining and predicting health behaviors that goes beyond straight information giving. This approach can be used to intervene in contraceptive use among teenagers. Because contraceptive action involves a preventive health decision followed by correct and consistent use, the model may have useful applications to both the prevention and compliance aspects of contraceptive behavior.

Sex Education

The subject of sex education remains a divisive one. On one side are those who argue that Americans should learn to accept adolescent sexuality and make guidance and birth control more easily available, as it is in parts of Europe. On the other side are those who contend that sex education is up to the parents, not the state, and that teaching children about birth control is tantamount to condoning promiscuity, or violating family religious beliefs and values.

Sex Education in the Schools. "Eight out of 10 Americans believe that sex education should be taught in the schools, and seven out of 10 believe that such courses should include information about contraception" (*Teenage Pregnancy*, 1981, p. 38). Only a handful of states require or even encourage sex education, and fewer still encourage teaching about birth control or abortion. Most states leave the question of sex education up to the local school boards. Only a minority, however, provide such instruction.

Parents and Sex Education. Parents are a child's earliest models of sexuality; they communicate with their children about sex and sexual values nonverbally. However, most adolescents report that they have never been given any advice about sex by either parent, even though a majority of teenagers prefer their parents and counselors as sources of sex information.

Studies indicate that both parents and their children believe that they should be talking about sexuality, but that parents are extremely uncomfortable doing so (*Sexuality Education*, 1984). Organizations, including churches, schools, Planned Parenthood affiliates, and other agencies serving young people, offer programs designed to help parents teach their children about sexuality. Most would agree that sex education should start early, before a child's sexuality becomes an issue.

Family Planning Services

Most teenagers and adults approve of making contraceptives available to teenagers, and most parents favor family planning clinics providing birth control services to their children (*Teenage Pregnancy*, 1981). The clinics have had the expected result of improving the quality and consistency of contraceptive use among teenagers. They have also been credited with preventing an estimated 689,000 unintended births, and probably a higher number of abortions, among teenagers.

However, most teenagers are sexually active for many months before ever seeking birth control help from a family planning clinic or physician (*Teenage Pregnancy*, 1981). Very few come to a clinic in anticipation of initiating sexual intercourse, and many come because they fear — often correctly — that they are pregnant. The major reason teenagers give for the delay is concern that their parents will find out about the visit. Nevertheless, more than half of teenage patients have told their parents about their clinic visit, and only about one-quarter would not come if the clinic required parental notification. But most of these would continue to be sexually active, using less effective methods or no contraceptives and many thousands would get pregnant as a result.

Solving the Problem

Although we have most of the knowledge and resources needed to solve the problem of teenage pregnancy, we have failed to do so. Despite the growing public concern and the plethora of reports, there has been little action. The elements of a comprehensive national program have been put forward, with varying emphases, by a number of groups. Elements of such programs include (*Teenage Pregnancy*, 1981):

- Realistic sex education.
- An expanded network of preventive family planning services.
- Pregnancy counseling services.
- Adequate prenatal, obstetric and pediatric care for teenage mothers and their children.
- Educational, employment and social services for adolescent parents.
- Coverage by national health insurance of all health services related to teenage pregnancy and childbearing.

No one program can possibly solve the many problems that are associated with teenage pregnancy. The solution must come from many elements of society: parents, the churches, the schools, state and local legislatures and government agencies. Most people agree about the importance of reproductive health services and research for teenagers, but there is not yet the willingness to pay the costs for such programs in most communities of the nation.

Resource Documents

Chilman, C. S., et al. (1980). *Adolescent pregnancy and childbearing: Findings from research.* Milwaukee, WI: Wisconsin University, School of Social Welfare. (ED 211 212)

Demographics of adolescent pregnancy in the United States. (1985, April). Joint hearing before the Subcommittee on Census and Population of the Committee on Post Office and Civil Service and Subcommittee on Health and the Environment of the Committee on Energy and Commerce, House of Representatives, Ninety-Ninth Congress, First Session. Washington, DC: U.S. Government Printing Office. (CG 018 555)

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Sexuality education and parental involvement. (1984). Washington, DC: Center for Population Options.

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Williams, J. E., et al. (1985, November). *Appalachian adolescent health education project (AAHEP) evaluation: A study of teen pregnancy in East Tennessee (1982-1985).* Paper presented at the Mid-South Educational Research Association, Biloxi, MS. (CG 018 666)

Zellman, G. L. (1984, August). *The health belief model and teenage contraceptive behavior: From theory to operation.* Paper presented at the 92nd annual convention of the American Psychological Association, Toronto. (CG 018 639)

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